



Chesterfield County, Virginia
Department of Mental Health Support Services
6801 Lucy Corr Blvd. – PO Box 92 – Chesterfield, Virginia 23832
Phone: (804) 748 – Fax: (804) 768-9283

DEBBIE BURCHAM
Executive Director

March 25, 2015

Dear Parent(s):

Thank you for your interest in our ADHD/ADD Skill-building and Support Group. To register your child, please complete the form below and mail in along with your class payment to: Chesterfield CSB, P. O. Box 92, Chesterfield, VA 23832. The fee is \$20.00. Make your check payable to *Treasurer, Chesterfield County*.

This class is filled on a “first come, first serve” basis and frequently fills quickly. If you have any questions or concerns, please call me at 804-717-6404.

Sincerely,

Sherry Callear
Instructor

****REGISTRATION FORM****

_____ Yes, please register my child for the ADHD/ADD Skill-building and Support Group.

Diagnosis received from a physician? _____ Yes _____ No

Enclosed is my \$20 registration fee.

Child's Name: _____

Grade attending in fall: _____

Parent's Name: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Description of child's school-related struggles: _____

